

4336

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 90
Registrar's No. 86

1. Place of Death: (a) County Gravina (b) City or Town Solomonville (c) Location (If outside city limits also write RURAL) (d) Length of Stay: In Hospital or Institution 47 yrs In Community 47 yrs (Specify whether years, months or days) (e) (St. & No. (or) Name of Institution) In Arizona 47 yrs

2. Usual Residence of Deceased: (a) State Ariz (b) County Gravina (c) City or Town Solomonville (If outside city limits also write RURAL) (d) Street No. (e) Citizen of foreign country (Yes or No) No (f) Yes, which country (g) Social Security No. No

3. (a) FULL NAME Jose Armijo (b) If Veteran name war No

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Widower (b) Name of husband or wife (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Unknown 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months unknown Days unknown If less than one day hrs. min.

9. Birthplace Juray Chahu. Mexico (City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business

12. Name Marcello Armijo 13. Birthplace Unknown (City, town or county) (State or Country)

14. Maiden Name Unknown 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature Francis Armijo (b) Address Solomonville Ariz

17. (a) Burial, Cremation or Removal Inter Burial (b) Place Solomonville Ariz (c) Date Dec 4 1947

18. (a) Embalmer's Signature M. E. Ransom (b) Funeral Director Safford Ariz (c) Address

19. (a) January 9, 1948 (Date received by Local Registrar) (b) J. M. Wharton M.D. (Registrar's Signature) (c) Deputy, O.H. Dept

20. DATE OF DEATH (Month, day and year) Dec 3, 1947 TIME (Hour and minute) 8:30 A.M.

21. I hereby certify that I attended the deceased from Nov-22- Nov-22- 1947 to Dec-3- 1947 that I last saw him alive on Dec-1- 1947 and that death occurred on the date and hour stated above. Immediate cause of death Hemorrhage of stomach

Due to Probably cancer

Due to

Other conditions (include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or Town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury

23. Signature J. M. Wharton M. D. Address Safford, Ariz signed 12/4/47

DURATION 11 days
about 2 years

PHYSICIAN Underline the cause to which death should be charged statistically